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 13961 U.S. PTO

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Approved for use through 10/31/2002. OMB 0651-0032
 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 881987-3
 First Inventor Gregory Swab
 Title CELLULAR EYEGLASS FRAME
 Express Mail Label No. EL 752564602 US

13961 U.S. PTO
 09/845425

04/30/01

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

1. ☒ Fee Transmittal Form (e.g., PTO/SB/17)
 (Submit an original and a duplicate for fee processing)
2. ☒ Applicant claims small entity status.
 See 37 CFR 1.27.
3. ☒ Specification [Total Pages 38]
 (preferred arrangement set forth below)
 - Descriptive title of the invention
 - Cross Reference to Related Applications
 - Statement Regarding Fed sponsored R & D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings (if filed)
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. ☒ Drawing(s) (35 U.S.C. 113) [Total Sheets 17]
5. Oath or Declaration [Total Pages 55]
 - a. ☒ Newly executed (original or copy)
 - b. ☐ Copy from a prior application (37 CFR 1.63 (d))
 (for continuation/divisional with Box 18 completed)
 - i. ☐ **DELETION OF INVENTOR(S)**
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).
6. ☐ Application Data Sheet. See 37 CFR 1.76

ADDRESS TO: Assistant Commissioner for Patents
 Box Patent Application
 Washington, DC 20231

7. ☐ CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary)
 - a. ☐ Computer Readable Form (CRF)
 - b. Specification Sequence Listing on:
 - i. ☐ CD-ROM or CD-R (2 copies); or
 - ii. ☐ paper
 - c. ☐ Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

9. ☐ Assignment Papers (cover sheet & document(s))
10. ☐ 37 CFR 3.73(b) Statement (when there is an assignee) ☒ Power of Attorney
11. ☐ English Translation Document (if applicable)
12. ☐ Information Disclosure Statement (IDS)/PTO-1449 ☐ Copies of IDS Citations
13. ☐ Preliminary Amendment
14. ☒ Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
15. ☐ Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. ☐ Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent.
17. ☐ Other: _____

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No.: _____

Prior application information: Examiner _____ Group Art Unit: _____

For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

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Name (Print/Type) Donna L. Angotti Registration No. (Attorney/Agent) 32,679
 Signature *Donna L. Angotti* Date 4/30/01

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

TRANSMITTAL for FY 2001		Complete if Known	
		Application Number	not yet known
Patent fees are subject to annual revision.		Filing Date	concurrently herewith
		First Named Inventor	Gregory Swab, et al.
		Examiner Name	not yet known
TOTAL AMOUNT OF PAYMENT	(\$ 543.00	Group Art Unit	not yet assigned
		Attorney Docket No.	881987-3

METHOD OF PAYMENT		FEE CALCULATION (continued)																																																																																																																																																		
<p>1. <input type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:</p> <p>Deposit Account Number: 500675</p> <p>Deposit Account Name: Schulte Roth & Zabel</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17</p> <p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed:</p> <p><input checked="" type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other Order</p>		<p>3. ADDITIONAL FEES.</p> <table border="1"><thead><tr><th>Fee Code</th><th>Large Entity Fee (\$)</th><th>Small Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>105</td><td>130</td><td>205</td><td>65</td><td></td></tr><tr><td>127</td><td>50</td><td>227</td><td>25</td><td></td></tr><tr><td>139</td><td>130</td><td>139</td><td>130</td><td></td></tr><tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td></td></tr><tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td></td></tr><tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td></td></tr><tr><td>115</td><td>110</td><td>215</td><td>55</td><td></td></tr><tr><td>116</td><td>390</td><td>216</td><td>195</td><td></td></tr><tr><td>117</td><td>890</td><td>217</td><td>445</td><td></td></tr><tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td></td></tr><tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td></td></tr><tr><td>119</td><td>310</td><td>219</td><td>155</td><td></td></tr><tr><td>120</td><td>310</td><td>220</td><td>155</td><td></td></tr><tr><td>121</td><td>270</td><td>221</td><td>135</td><td></td></tr><tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td></td></tr><tr><td>140</td><td>110</td><td>240</td><td>55</td><td></td></tr><tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td></td></tr><tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td></td></tr><tr><td>143</td><td>440</td><td>243</td><td>220</td><td></td></tr><tr><td>144</td><td>600</td><td>244</td><td>300</td><td></td></tr><tr><td>122</td><td>130</td><td>122</td><td>130</td><td></td></tr><tr><td>123</td><td>50</td><td>123</td><td>50</td><td></td></tr><tr><td>126</td><td>180</td><td>126</td><td>180</td><td></td></tr><tr><td>581</td><td>40</td><td>581</td><td>40</td><td></td></tr><tr><td>146</td><td>710</td><td>246</td><td>355</td><td></td></tr><tr><td>149</td><td>710</td><td>249</td><td>355</td><td></td></tr><tr><td>179</td><td>710</td><td>279</td><td>355</td><td></td></tr><tr><td>169</td><td>900</td><td>169</td><td>900</td><td></td></tr></tbody></table>		Fee Code	Large Entity Fee (\$)	Small Entity Fee (\$)	Fee Description	Fee Paid	105	130	205	65		127	50	227	25		139	130	139	130		147	2,520	147	2,520		112	920*	112	920*		113	1,840*	113	1,840*		115	110	215	55		116	390	216	195		117	890	217	445		118	1,390	218	695		128	1,890	228	945		119	310	219	155		120	310	220	155		121	270	221	135		138	1,510	138	1,510		140	110	240	55		141	1,240	241	620		142	1,240	242	620		143	440	243	220		144	600	244	300		122	130	122	130		123	50	123	50		126	180	126	180		581	40	581	40		146	710	246	355		149	710	249	355		179	710	279	355		169	900	169	900	
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<p>2. EXTRA CLAIM FEES</p> <p>Total Claims: 32 -20** = 12 x 9.00 = 108.00</p> <p>Independent Claims: 5 -3** = 2 x 40.00 = 80.00</p> <p>Multiple Dependent: = 188.00</p> <table border="1"><thead><tr><th>Large Fee Code</th><th>Entity Fee (\$)</th><th>Small Fee Code</th><th>Entity Fee (\$)</th><th>Fee Description</th><th>Fee Paid</th></tr></thead><tbody><tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr><tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr><tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, it not paid</td><td></td></tr><tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr><tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr><tr><td colspan="5">SUBTOTAL (2)</td><td>\$ 188.00</td></tr></tbody></table> <p>**or number previously paid, if greater; For Reissues, see above</p>		Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid	103	18	203	9	Claims in excess of 20		102	80	202	40	Independent claims in excess of 3		104	270	204	135	Multiple dependent claim, it not paid		109	80	209	40	** Reissue independent claims over original patent		110	18	210	9	** Reissue claims in excess of 20 and over original patent		SUBTOTAL (2)					\$ 188.00	<p>Other fee (specify) _____</p> <p>*Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)</p>																																																																																																								
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SUBMITTED BY		Complete (if applicable)	
Name (Print type)	Donna L. Angotti	Registration No. (Attorney/Agent)	32,679
Signature		Telephone	212-756-2488
		Date	4/30/01